

# DHHS: Public Health - New Employee Checklist

*This checklist is to be completed and provided to Human Resources (HR) **within 30 days of employment.***

All forms or training instructions may be found

on the New Staff Orientation (NSO) page at <http://publichealth.nc.gov/employees/orientation.htm>

## EMPLOYEE INFORMATION (Please Print)

|             |                  |                       |
|-------------|------------------|-----------------------|
| Start Date: | Name:            | Contact #:            |
| Position #: | Supervisor Name: | Supervisor Contact #: |

**FIRST DAY – These forms should have been sent to HR (Recruiters) on the first day of employment. Please do not send duplicate copies.**

|  |  |   |
|--|--|---|
| <input type="checkbox"/> I-9 (copy w/legible copies of ID) * | <input type="checkbox"/> Federal W-4               | <input type="checkbox"/> Legible copy of Social Security Card for BEACON              |
| <input type="checkbox"/> New DPH Employee Data               | <input type="checkbox"/> NC W-4                    | <input type="checkbox"/> Credential Verification Form (Highest degree completed only) |
| <input type="checkbox"/> Employee Work Schedule              | <input type="checkbox"/> Direct Deposit Enrollment | <input type="checkbox"/> Emergency Notification Form                                  |

**FIRST WEEK – Copies of policies/forms found on the NSO page (see link above) should be sent to HR in first week.**

|   |   |
|---|---|
| <input type="checkbox"/> Creditable Service Form (Required even if <u>no</u> prior service) | <input type="checkbox"/> Computer Usage Policy                            |
| <input type="checkbox"/> Repayment of Monies Owed Acknowledgment                            | <input type="checkbox"/> Comp Time/Overtime/On-Call Agreement             |
| <input type="checkbox"/> Payment Verification Form (Required for Travel Reimbursements)     | <input type="checkbox"/> Training Requirements Acknowledgement            |
| <input type="checkbox"/> Mandatory Direct Deposit Notification Form                         | <input type="checkbox"/> Executive Order 24: Ban on Gifts Acknowledgement |
| <input type="checkbox"/> Conflict of Interest Policy  | <input type="checkbox"/> Alcohol & Drug Free Policy Acknowledgement Form  |

**FIRST 30 DAYS – Copies of certificates/forms found on the NSO page (see link above) should be sent to HR in first month.**

|  |   |
|--|---|
| <input type="checkbox"/> DHHS: Understanding Harassment in the Workplace | Training located in BEACON under LMS – use Search function to find it. Submit certificate.  |
| <input type="checkbox"/> Managing Your Inbox: Email as a Public Record   | Training located in BEACON under LMS – use Search function to find it. Submit certificate.  |
| <input type="checkbox"/> Workplace Violence Training                     | Click link on NSO page – then click “Continue” in lower right corner. Submit test & certificate.  |
| <input type="checkbox"/> BEACON Training Acknowledgement Form            | Print form on NSO page – complete items required in BEACON under LMS – Complete form; employee and supervisor sign form. Submit form only - no need to submit certificates. |
| <input type="checkbox"/> DPH Basic Computer Security Training            | Click link on NSO page – Complete 2 parts under “Requirement 1” - <u>top</u> half of page. Submit form.   |
| <input type="checkbox"/> DPH Basic Privacy Training                      | Click link on NSO page – Complete 2 parts under “Requirement 1” - <u>bottom</u> half of page. Submit form.  |
| <input type="checkbox"/> DPH Confidentiality Agreement                   | Click link on NSO page – Complete 2 parts under “Requirement 2” - <u>bottom</u> half of page. Submit form.  |
| <input type="checkbox"/> Incident Command System (100 & 700)             | Click link on NSO page and follow instructions to complete both courses. Submit certificates.   |
| <input type="checkbox"/> Safety & Health Handbook                        | Click link on NSO page – print the next to last page to acknowledge receipt. Submit form.   |
| <input type="checkbox"/> Fire and Life Safety Training                   | Click link on NSO page and follow instructions near top of page. View the presentation and then print the form on the 2 <sup>nd</sup> link to fill out/sign. Submit form.   |
| <input type="checkbox"/> Bloodborne Pathogen Awareness Training          | Click link on NSO page and view the presentation. Use same form from Fire/Life Safety Training.   |

## INTRODUCTIONS AND TOURS

☐ Tour of facility, including:

- |  |  |   |  |
|--|--|---|--|
| <ul style="list-style-type: none"><li>• Restrooms</li><li>• Mail rooms</li><li>• Copy/Fax Equipment</li><li>• Supplies/Equipment</li></ul> | <ul style="list-style-type: none"><li>• Work Area</li><li>• Parking</li><li>• Kitchen/Coffee/Cafeteria</li><li>• In case of injury</li></ul> | <ul style="list-style-type: none"><li>• Telephone Policy</li><li>• Holiday Schedule</li><li>• Secondary Employment</li><li>• Travel Procedures</li><li>• Absences/Tardiness</li></ul> | <ul style="list-style-type: none"><li>• Vacation/Sick Leave Policies</li><li>• Internal Policies and Procedures</li><li>• Impact of work on department/public</li><li>• Emergency exits/Evacuation Plan and First Aid</li><li>• Health &amp; Safety Rules (protective equipment)</li></ul> |
|--|--|---|--|

## POSITION DESCRIPTION

- ☐ Review performance appraisal process and probationary period. AKA: Excels Performance Plan
- ☐ Review initial job assignments and training plans.
- ☐ Review and submit updated/signed Position Description Report to Human Resources. (Include Americans with Disabilities Act (ADA) Checklist) <https://oshrc.peopleadmin.com/hr/login> **Please DO NOT submit “print preview.” Instructions are provided on the NSO page under this checklist.**

## COMPUTERS

## \*ORIGINAL I-9 FORM

- ☐ Hardware and software reviews, including: Email, NCID, Internet, Data on shared drives, Databases, and BEACON.
- ☐ The original (pages actually signed w/pen) I-9 Form should be hand-delivered or mailed to HR within the first 30 days of employment.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by Human Resources for completion by: \_\_\_\_\_

Date: \_\_\_\_\_

REVISED 6/27/2018